

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10-049727
APPLICANT(S)

FILING DATE

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1							51						
2							52						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL							TOTAL IND.						
TOTAL P.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						